



PROOF OF HAWAII RESIDENCY

Division of Boating and Ocean Recreation
Department of Land and Natural Resources
State of Hawaii



1(a). APPLICANT RESIDENCY STATEMENT

Proof of residency must be presented at Harbor office within seven (7) days of application submission. Failure to present proof will result in automatic denial of the application and forfeiture of fees. Applicant will be required to resubmit in person their application and documentation at a DoBOR office.

I, (print your full name) _____, claim legal residence in the:

☐ State of Hawaii -OR- ☐ state & country of (specify): _____.

OFFICE USE ONLY

Date Received:

Received By:

1(b). APPLICANT INFORMATION

Name (Last): _____ (First): _____ (M.I.): _____ Suffix: _____

Date of Birth: / / Gender: ☐ Female ☐ Male Phone (h): Phone (o):

Citizenship: ☐ United States of America -OR- ☐ Other country (specify): _____

Alien Only-Visa Status: ☐ Student ☐ Migrant ☐ Other (specify): _____

Mailing Address: _____ Apt. #:

Address Line 2: _____ Country: _____

City: _____ State: _____ Zip:

Primary Residence Address: _____

City: _____ State: _____ Zip:

2. FOR RESIDENT ADULTS ONLY

If you claim Hawaii as your legal residency, are 18 years old or over, or married, complete the following section.

a. Length of residency in the State of Hawaii: From: /
Month Year

b. Resident income tax returns (check & complete the pertinent portion).

☐ (1) In the past 2 years, I filed State of Hawaii resident income tax returns.

Name under which I filed the State of Hawaii resident income tax returns (full name): _____

-OR-

☐ (2) In the past 2 years, I filed resident income tax returns in (state) _____.

-OR-

☐ (3) I did NOT file resident income tax returns in any State or County during the past 2 years.

c. Registered to vote in the State of _____.

d. Last voted in the State of _____ in the year .

e. Do you currently own a car registered in the State of Hawaii? ☐ Yes. ☐ No. If Yes, write the license plate number:



PROOF OF HAWAII RESIDENCY (Continued)

2. FOR RESIDENT ADULTS ONLY (Continued)

f. Describe time periods when you were out of the State of Hawaii during the last 12 months (include dates & reasons; if none, so indicate).

g. Names of employer(s) for the past three years (include addresses and dates of employment; if none, so indicate).

h. Do you have close relatives living in the State of Hawaii? ☐ Yes. ☐ No.

If Yes, indicate (check all that apply): ☐ Mother ☐ Father ☐ Brother(s) ☐ Sister(s) ☐ Other (specify): _____

i. Do you currently own or lease residential property in the State of Hawaii? ☐ Yes. ☐ No.

If Yes, do you live on the property? ☐ Yes. ☐ No. What is the address of the property? _____

Leased/owned since (year):

j. Do you currently own a business in the State of Hawaii? ☐ Yes. ☐ No. If Yes, what is the name and address of the business?

Last year in which you paid Hawaii General Excise Tax for your business:

k. Have you ever been licensed by the State of Hawaii for practice of some professional occupation? ☐ Yes. ☐ No.

If Yes, what occupation? _____ Last year licensed:

l. Are you a member of any volunteer organizations in Hawaii? ☐ Yes. ☐ No. If Yes, please list: _____

m. I am a resident and intend to continue residency in the State of Hawaii, and I am: ☐ 18 years of age or older. ☐ under 18 years of age.

n. Indicate on a separate sheet any other information which you believe would aid in establishing your claim of legal residence in Hawaii.

3. CERTIFICATION & SIGNATURE

I certify that the answers and responses in this application are true to the best of my knowledge, and I understand that misrepresentation of any fact upon this form is a violation of the Small Boat Harbors Regulations, Department of Land and Natural Resources, State of Hawaii and may be cause for the rejection of this application and revocation of use permits. I hereby authorize the persons, agencies or institutions identified on the form to release information to the Department of Land and Natural Resources, State of Hawaii to confirm my responses.

Printed Name of Applicant

Signature of Applicant

/ /
Date